

Return your application to your local RVD Extension Office by Tuesday, September 1st.

Name:				
Date of Birth:		Year in School (2	020-2021):	
Parent/Guardian Name(s): _				
Complete Home Address:	(Street Address)	(City)	(State)	(Zip)
Applicant's E-mail Address:				
Applicant's Cell Phone #:				
Name of 4-H Club:		N	umber of Years	s in 4-H:
Explain why you would like  As a 4-H Ambassador, how there any current activities.	v will you promote 4	- 4-H? What ideas do	you have to p	
List and describe your lead	lership experience	in 4-H.		

List and describe your 4-H public speaking experience	es.
Please describe your ability to work with others and h	andle responsibility.
What has been your most rewarding 4-H experience a	nd why?
Ambassadors are frequently asked to speak on behalf advertisement on why a child should join 4-H.	f of 4-H. Write a 30 second radio
Statement by 4-H Member:  I have personally prepared this application and believe it to	o be true.
4-H Member Signature	Date
Parent/Guardian Signature	Date Date

K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Accommodations for persons with disabilities may be requested by contacting the event contact (Monica Thayer two weeks prior to the start of the event (September 1<sup>st</sup>, 2020) at (785-527-5084 or <a href="mathenacemaps">mthayer@ksu.edu</a>). Requests received after this date will be honored when it is feasible to do so.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service K-State Research and Extension is an equal opportunity provider and employer.